

## JUDGMENT OR CONVICTION REPORT

Report Number 7920000036407812

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### A. REPORTING ENTITY

Entity Name: TEST ENTITY  
Address: 6220 TEST STREET

City, State, ZIP: TEST CITY, VA 11111

Entity Internal Report Reference  
(e.g., claim number):

Name or Office: TEST POC  
Title or Department: TESTING DEPARTMENT  
Telephone: (111) 222-3333

Type of Report: INITIAL REPORT

### B. SUBJECT IDENTIFICATION INFORMATION (ORGANIZATION)

Organization Name: TEST2ORGANIZATIONNAME  
Other Name(s) Used: TEST OTHER NAMES USED  
Business Address: TESTSTREET

City, State, ZIP: TESTCITY, DE 34978  
Country:

Organization Type: PHYSICAL/OCCUPATIONAL THERAPY GROUP/PRACTICE (367)  
Other, as Specified:

Names and Titles of Principal Officers and Owners (POO): TESTPOO, TESTFPOO TESTMPOO

Medicare Provider/Supplier Numbers: 987689768969876

Social Security Numbers (SSN): 987-98-6987

Individual Taxpayer Identification Numbers (ITIN): 931-73-8763

Federal Employer Identification Numbers (FEIN): 986987698

National Provider Identifiers (NPI): 9876986896

Drug Enforcement Administration (DEA) Numbers: 798769876987

State License Number, State of Licensure: 746747455647, DC

**C. INFORMATION  
REPORTED**

Venue (Court): TESTCTNAME

Jurisdiction: FEDERAL

City, State of Court: TESTCTY, WA

Docket/Court File Number: 349

Prosecuting Agency or Civil Plaintiff: TEST AGENCY

Case Number Used by Prosecuting Agency: 9

Type of Action: CRIMINAL CONVICTION (GUILTY PLEA OR TRIAL) (10)

Investigating Agency(Agencies): TEST INVAGENCY

Case Number(s) Used by Investigating Agency(Agencies): 92

Statutory Offense and Count(s): TEST AND, TEST OFLES (8)

Act or Omission Code(s): FRAUDULENT COST REPORTING (230)

Narrative Description of Act(s) or Omission(s): TEST OR

Date of Judgment/Sentence: 08/08/2000

**Judgment/Sentence**

Restitution Amount: \$6.55

Other Sentence/Judgment Amount: \$735.00

Suspended Sentence: Years: 6 Months: 0 Days: 6

Probation: Years: Months: Days:

Community Service: Hours:

Other:

☐ Subject identified in Section B has appealed the reported judgment/conviction.

Date of Appeal:

**D. SUBJECT  
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

**E. REPORT  
STATUS**

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- ☐ If box is checked, this report has been disputed by the subject identified in Section B.
- ☐ If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 03/21/2005

Date of Most Recent Change: 03/21/2005

**F. SUPPLEMENTAL  
SUBJECT  
INFORMATION  
ON FILE WITH  
DATA BANKS**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Banks from other sources and is intended to supplement the information contained in this report.

Subject Name(s): TESTORGNAM ALT NAME  
TESTORGNAM ALT NAME 2  
TESTORGNAM ALT NAME 3

**END OF REPORT**